



Needs *beyond* Medicine



Utah Breast Cancer Task Force
(801)296-7177

BREAST CANCER TASK FORCE MISSION STATEMENT

The Utah Breast Cancer Task Force is a group of caring Utahns who are interested in decreasing the burden of breast cancer by increasing awareness, education, and access to screening, treatment, and support for breast cancer. The members of the breast cancer task force are united in an effort to offer assistance to enhance the quality of life for those diagnosed with breast cancer through emotional, physical, and financial support.

NEEDS BEYOND MEDICINE: PROJECT GOAL

The Needs Beyond Medicine's goal is to offer assistance to enhance the quality of life for those diagnosed with breast cancer. The Needs Beyond Medicine project will provide financial assistance to women and men who are diagnosed with breast cancer, and because of the high cost of treatment, the women and men and/or their families are faced with temporary financial difficulties.

NEEDS BEYOND MEDICINE: PROJECT GUIDELINES

All other financial options must be exhausted before applying for the Needs Beyond Medicine funding. Funding is used for the needs that cannot be met through an individual's insurance or other resources available within their community.

- Maximum gift is \$200.00 per individual/household
- Individuals may only apply once per calendar year
- The Breast Cancer Task Force will evaluate all applications and up to 3 individuals will be awarded each month. The number of awards may vary depending on available funds.

In 2005, this program was initiated as a result of a grant from the Salt Lake Affiliate of the Susan G. Komen Foundation and a generous contribution from Ichiban Sushi.

Utah Breast Cancer Task Force

Dedicated to Reducing the Effects of Breast Cancer in our Community.

Needs Beyond Medicine Application

Applicant Information:

Name _____ Evening Phone _____ Daytime Phone _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____

Best way and time to contact you: _____

Date diagnosed with breast cancer: _____

Name of cancer doctor: _____

Have you been through treatment? _____ YES _____ NO

Are you currently in treatment? _____ YES _____ NO

Date treatment started? _____

Where are you receiving treatment? _____

Amount Needed: _____

Please explain what the money will be used for: _____

What other resources have you tried? _____

How did you hear about Needs Beyond Medicine?

Person and/or Health Care Office _____ Phone _____

Address _____ City _____ State _____ Zip _____

Information filled out on this application will be kept confidential and will only be used by the Breast Cancer Task Force to help determine whether a gift will be awarded. If an award is made, additional information may be needed. To submit application, mail to: Breast Cancer Task Force, PO Box 521618, SLC UT 84152-1618

Office Use Only

Date Received _____ Approved _____ Applicant Contacted _____

